

# Reported by MILINAZZO ALAN

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 05/14/14 for the Period Ending 04/25/14

Address 321 COLUMBUS AVENUE

**BOSTON, MA 02116** 

Telephone (857) 453-6553

CIK 0001433607

Symbol NSPR

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Add	lress of Ro	eporti	ng Person								ading	g Sym	bol 5. Relation (Check all			Person(s)	to Issuer
MILINAZZO			(Middle)			oireMD ate of Ear					fM/DI	D/YYY		ctor		10%	Owner
(Last) (First) (Middle)  C/O INSPIREMD, INC., 321  COLUMBUS AVENUE					, De	ne or Bur			5/201	·	, 27	D/ 111	X Office below)	X Officer (give title below) Other (specify below)  President and CEO			
	(Street)					Amendm OD/YYYY)	ent, D	ate	e Orig	inal	Filed	i	6. Individ		nt/Group l	Filing (Cho	eck
BOSTON, MA 02116 (City) (State) (Zip)														_X_Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tab	ole I - Nor	ı-Deri	vativ	ve Securi	ities A	cç	quired	, Dis	spose	ed of,	or Beneficially	y Owned			
1.Title of Security (Instr. 3)				2. Tr Date		2A. Deemed Execution Date, if	Code		4. Securities or Disposed of (Instr. 3, 4 an		of (D) Own			mount of Securities Beneficially ned Following Reported Transaction (tr. 3 and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				any		Code	e V Amount		(A) or (D)	P	Price			or Indirect (Instr. 4) (I) (Instr. 4)			
Common Stock 4/25				4/25/	2014		F		16398	D	\$2	2.30	8	822401			
Common Stock				5/12/	2014		P		7100	A	\$2.35	576 (1)	8	329501		D	
Tab	ole II - De	rivati	ive Securi	ities B	enef	icially O	wned	( 4	<i>e.g</i> . , p	uts,	calls	s, war	rants, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Trans.	Deemed Execution	4. Γrans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		and Expiration Date				7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		nderlying ecurity 4)	Derivative Security (Instr. 5)	of derivative Securities Beneficially Owned Following	Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A)	(D)	Date Exp Exercisable Dat			ration	Title	Amour	nt or Number of	Number of (s) (Ir		·′	

#### **Explanation of Responses:**

(1) The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$2.28 to \$2.47, inclusive. The reporting person undertakes to provide to InspireMD, Inc. (the "Issuer"), any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote (1).

Reporting Owners

reporting Owners									
Depositing Oversan Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
MILINAZZO ALAN C/O INSPIREMD, INC. 321 COLUMBUS AVENUE BOSTON, MA 02116	X		President and CEO						

#### **Signatures**

/s/ Alan Milinazzo

5/14/2014

<sup>\*\*</sup> Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.